

Please type or print in ink.

NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

Cutter

Pauline

Russo

**1. Office, Agency, or Court**

Agency Name

City Of San Leandro

Division, Board, Department, District, if applicable

District 5

Your Position

City Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: Waste Management Authority- Stopwaste.Org

Position: Board Member

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☒ **Annual:** The period covered is January 1, 2012, through December 31, 2012.

-or-

The period covered is \_\_\_\_\_, through December 31, 2012.

☐ **Leaving Office:** Date Left \_\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ The period covered is \_\_\_\_\_, through the date of leaving office.

☐ **Assuming Office:** Date assumed \_\_\_\_\_

☐ **Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: \_\_\_\_\_

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **None - No reportable interests on any schedule**

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed 02/24/2013

(month, day, year)

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Pauline Russo Cutter
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► NAME OF SOURCE  
**Alameda County Industries**

ADDRESS (Business Address Acceptable)  
**P. O. Box 2137 San Leandro, CA 94577**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Garbage collection**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 6 / 12	\$ 60.00	A's group sky box
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

Comments: \_\_\_\_\_